

# EXHIBIT 44

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Participant must provide all of the information below in English:

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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Monserrate Cubero  
He-02 Box 8209  
Camuy, P.R. 00627



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Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

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Monserrate Cubero  
He-02 Box 8209  
Camuy, P.R. 00627



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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Monserrate Cubero Lopez

Participant's Address:

1602 Box 8209 Camuy, PR. 00627

Participant's Email Address:

\_\_\_\_\_

Name of Counsel:

\_\_\_\_\_

Address of Counsel:

\_\_\_\_\_

Email Address of Counsel:

\_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

154155

Nature of Claim:

Public Employer and Pension/Retiree Claims

By:

Signature

Monserrate Cubero Lopez

Print Name

Individual

Title (if Participant is not an individual)

09-24-2021

Date

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Monserrate Cubero  
He-02 Box 8209  
Camuy, P.R. 00627



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